STATEMENT OF

PAGE 1/5

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Stand Against Sheikhs 8369 NW 66 St #A7558 ADDRESS (number and street) (Check if address is changed) Miami 33195 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sass@zuzustar.rocks (Check if address is changed) Optional Second E-Mail Address aziza_cloud@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2015 C00594549 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Ms. Debra LaQuan Cloud Type or Print Name of Treasurer Ms. Debra LaQuan Cloud [Electronically Filed] 12 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100